Application No. (if known): 10/010,238

Attorney Docket No.: 03226/073001; P5521

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Fee Transmittal (1 page)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (2

Request for Continued Examination Transmittal (1 page)
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OCT 2 0 20	Inder the Pape	rwork Reduction Act of 199	5, no person are requir	ed to res	U.S. Patent	and Tradema	red for use through (ark Office; U.S. DEF on unless it displays	01/31/2007. O PARTMENT OF	COMMERCE		
STE SHADEN			Complete if Known								
	Fees pursuant to the	18).	Application Number 10/010,238			3-Conf. #5843					
4	FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27				iling Date		December 7, 2	ecember 7, 2001			
					First Named Inventor Miriam G Examiner Name T. H. Stev			Blatt			
					Art Unit		123 3226/073001; P5521				
	TOTAL AMOUN	OF PAYMENT	(\$) 910.00		Attomey Docket I	No. 1	03226/073001;	; P5521			
	METHOD OF F	PAYMENT (check all	that apply)								
	Check x	Credit Card	Money Order	None	Other (olease ident	ify):				
	x Deposit Acco	unt Deposit Account Num	ber: 50-0591 Depo	sit Accou	nt Name:		Osha · Liang L	LP			
	For the at	ove-identified deposit	account, the Direc	tor is h	ereby authorize	d to: (chec	k all that apply)				
	Cha	rge fee(s) indicated be	elow		Charge	e fee(s) ind	licated below, ex	cept for the	e filing fee		
	Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17										
	FEE CALCULA						=				
	1. BASIC FILING	SEARCH, AND EXA			-						
	Application Typ		IG FEES Small Entity Fee (\$) Fe	SEAF e (\$)	RCH FEES Small Entity Fee (\$)	EXAMIN Fee (\$)	ATION FEES Small Entity Fee (\$)	Fees Pa	aid (\$)		
	Utility	300		500	250	200	100				
	Design	200	100	100	50	130	65				
	Plant	200	100	300	150	160	80				
	Reissue	300	150	500	250	600	300				
	Provisional	200	100	0	0	0	0		_		
	2. EXCESS CLAI	M FEES							mall Entity		
	Fee Description							Fee (\$)	Fee (\$)		
	Each claim over 2	20 (including Reissues	s)					50	25		
	· ·	claim over 3 (includi	ng Reissues)					200	100		
	Multiple depende	nt claims						360	180		
	Total Claims	otal Claims				Paid (\$) Multiple D			endent Claims		
	-	= X	=			<u>Fe</u>	<u>e (\$)</u> <u>F</u>	ee Paid (\$)			
		r of total claims paid for, if g		ee Pa	id (¢)				-		
	Indep. Claims	Extra Claims _ x	Fee (\$)	еега	ια (φ)						
		r of independent claims pai	d for, if greater than 3.								
	listings under	SIZE FEE on and drawings exce 37 CFR 1.52(e)), the tion thereof. See 35 U	application size fe	e due i	is \$250 (\$125 fo	onically fil or small en	ed sequence or a	computer Iditional 50	-		
	<u>Total Sheets</u>	Extra Sheets	Number of e		litional 50 or frac			Fee P	aid (\$)		
	4. OTHER FEE(S								Paid (\$)		
	Non-English Specification \$130 fee (no small entity discount)										
	Other (e.g., lat	e filing surcharge). 1	251 Extension fo 801 Request for	r resp	onse within fir	st month ion (RCE)) (see 37		0.00 0.00		
	SUBMITTED BY										
	Signature	18			egistration No. attorney/Agent)	45,079	Telephone	(713) 228	-8600		
	Name (Print/Type)	Thomas K. Scherer					Date	October 20), 2006		
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